



# USTA JUNIOR TEAM TENNIS LEAGUE PROGRAM



Cobb County Parks, Recreation and Cultural Affairs Department offers junior USTA leagues at each of Cobb's tennis centers. This program is for youth tennis players of all age and ability levels. Players may register individually and teams will be formed by the tennis center staff. This program provides instruction, match play and fun!!!

All players must be members of the USTA. To register, a USTA number and an accurate expiration date is required. If you need to purchase membership or inquire about your current membership status, phone the USTA office at 1-800-990-8782 or go to [USTA.com](http://USTA.com). The junior USTA membership fee is \$20.



## REGISTRATION: Now until October 17<sup>th</sup>

**\$25.00** Payable to CCPRCA - covers court fees for home matches including play-offs and administrative fees.  
\$50.00 for non-Cobb residents.

**\$19.00** Payable to HTCJD - league fees (check only)

**\$68.00** Payable to coach at 1<sup>st</sup> coaching session - coaching fee. One (1) hour lessons - number of lessons are determined by the number of players on the team. Example: 8 players - 8 lessons. Coach has option to amend the number of lessons and set fee accordingly. **PLEASE NOTE:** Team coaching is part of this league program. All participants are expected to participate and pay the coaching fee.



*Cobb County...Expect the Best!*



## TEAM PRACTICES: Begin week of December 9<sup>th</sup>

## SEASON BEGINS: January 11<sup>th</sup>. **Please note: No refunds after October 17<sup>th</sup>**

Return form to Harrison Tennis Center, 2653 Shallowford Road, Marietta, GA 30066. Phone #: (770) 591-3151.

### HARRISON TENNIS CENTER WINTER 2014 JR USTA TEAM TENNIS REGISTRATION FORM

Name \_\_\_\_\_ M ☐ F ☐ Age \_\_\_\_\_ Date of birth \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
School Grade \_\_\_\_\_ Home phone # \_\_\_\_\_ USTA # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Playing experience / ability level \_\_\_\_\_ T-shirt size: Youth ☐ Adult ☐ \_\_\_\_\_  
Are you state ranked? \_\_\_\_\_ Have you played USTA? \_\_\_\_\_ # of seasons \_\_\_\_\_ Last USTA level \_\_\_\_\_  
Location \_\_\_\_\_ Individual USTA rating \_\_\_\_\_  
Have you played ALTA? \_\_\_\_\_ # of seasons \_\_\_\_\_ Last ALTA level \_\_\_\_\_  
Are you willing to move up in age group if necessary? \_\_\_\_\_  
Is there a conflicting day for practice? \_\_\_\_\_ (We will try to accommodate, but no promises)  
Is there a specific coach? \_\_\_\_\_ (No promises)

**Entry form must be  
entirely completed**

**REQUIRED:** Parent's Name: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Phone (B) \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Are you willing to be a team manager? \_\_\_\_\_ Will you help in other ways? Car pooling ☐ Phoning ☐ Other \_\_\_\_\_

**OFFICE USE ONLY:** Amount Paid \_\_\_\_\_ Date \_\_\_\_\_

**Barcode: 62620**

Check # for League Fees \_\_\_\_\_ Initials \_\_\_\_\_

## GENERAL INFORMATION

1. Teams will be formed by ages and ability levels by Harrison Tennis Center.
2. Team's home matches will be played at **HARRISON & SWEAT MOUNTAIN**. Other nearby courts will be used if necessary.
3. Practices will be held after school one day a week (Monday - Friday). All coaching sessions will be given. Practices start 3 weeks before the season that lasts 7 weeks, so this should give coaches and teams ample time to complete the sessions. If not, any additional sessions will be given immediately after the season. Refunds will not be given.
4. Parents are needed as volunteer for team managers, car pooling, phone calling, etc.  
Please let us know if you can volunteer. (NOTE: Teams cannot be formed without team managers.)
5. During the week of December 2<sup>nd</sup>, the team manager will notify players as to what team they are on and practices times.  
**DO NOT CALL HARRISON TENNIS CENTER**. Rosters are kept by the coaches and team managers.
6. Teams (age groups) will be 8 & under, 10 & under, 12 & under, 14 & under, and 18 & under.  
Teams consist of one girls' singles, one boys' singles, one girls' doubles, one boys' doubles, and one mixed doubles.
7. Matches will be played on Saturdays: 1:00pm for most divisions.
8. **Individual requests concerning location, specific team, coach, or practice days and times will be considered, but we may be unable to accommodate your request due to lack of space, etc. If there is an inconvenient practice time, please state on form.**
9. Every effort will be made to place your child on a team. If, due to age and ability level, a team is not available, we will contact the parent prior to roster deadline.
10. Players wanting to be on the same team must turn in their application forms stapled together. Players must be in the same age group and level.
11. During the regular season, players will play as equal a number of matches as possible, but during the play-offs, the coach has the option to field the strongest team.
12. Minimum age requirement: a player must be turning at least 8 years old in 2014.

### Inclement Weather Calendar for Lessons

For rain-out cancellations please go to our website at <http://prca.cobbcountyga.gov/HarrisonTennisCenter.htm> and click on Lesson Cancellation Calendar

**Please note:** Cancellations are not made earlier than 45 minutes prior to lesson start time.

In order that the department assures compliance with ADA (Americans with Disabilities Act), please make the staff who work with the program/facilities aware of any specific physical or service accessibility need, so that we can reasonably accommodate your request.



Become a Cobb County  
Tennis Fan on Facebook

See our website at  
<http://prca.cobbcountyga.gov/tennis.htm>

## **RELEASE AND HOLD HARMLESS AGREEMENT - PERMISSION TO PROVIDE EMERGENCY MEDICAL TREATMENT**

Realizing the nature of this program, its physical demands and how important it is to follow rules, regulations, and instructions outlined by the staff of the Cobb County Parks, Recreation and Cultural Affairs Department, I am, to the best of my knowledge, in good health and able to participate in the program. I authorize the staff of the Cobb County Parks, Recreation and Cultural Affairs Department to organize any required medical or first aid procedure, or to take the undersigned to a hospital emergency room for treatment. If any major treatment is required, I understand that every effort will be made to notify the individual indicated as emergency contact beforehand by telephone.

The undersigned hereby forever releases, discharges, and covenants to hold harmless the Cobb County Parks, Recreation and Cultural Affairs Department, the Cobb County Recreation Commission, the Cobb Arts Commission, the Cobb County Board of Commissioners and Cobb County, Georgia and any other person, firm, corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors and assignees from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action belonging to the undersigned or arising out of any act or occurrence in connection with and particularly on account of all personal injury disability, property damage, loss or damages of any kind sustained or that may hereafter be sustained arising out of the matters described herein or in consequence of the participation in the recreation program sponsored by the Cobb County Parks, Recreation and Cultural Affairs Department. The undersigned hereby bind their heirs, administrators, executors and successors. Further, this agreement shall apply to all unknown and unanticipated injuries and damages directly or indirectly resulting herefrom. This Release and Hold Harmless Agreement shall constitute a full and complete release of any and all claims.

DATE: \_\_\_\_\_ BY: \_\_\_\_\_ [Signature of Participant]

DATE: \_\_\_\_\_ BY: \_\_\_\_\_ [Signature of Parent or Guardian]

**NOTE: Signature of participant and parent/guardian are both required if participant is under age 19, or is registered for a program for the mentally or physically challenged, or other special population member.**

My signature on this entry form grants permission for my son or daughter to participate in the Harrison Junior USTA Program. I further acknowledge that I have read, and fully understand the rules and guidelines set forth in this brochure, and that all fees will be paid to the tennis center and teaching pros.

Parent's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_